

Extended Acute Care Request for Proposals Questions & Answers

- 1. It is stated that the EAC must accept all referred individuals. Given the population at any time in the EAC, would it be acceptable to not accept an individual that would be clinically contraindicated for the safety and wellbeing of the milieu and other PRS?**

The EAC is expected to be able to accommodate all members in need of Extended Acute level of care. Please refer to CBH Provider Refusal Policy updated on July 28, 2016, which directs providers to review their CBH Provider Agreement. When admission is believed to be contraindicated, a detailed rationale for the refusal must be submitted by the EAC's medical director. The rationale will be reviewed by CBH medical staff and a determination about the appropriateness of the refusal will be made.

Any inquires on the Provider Agreement or Provider Refusal policy related to this matter can be directed to CBH's Assistant Counsel at Shloka.Joshi@phila.gov.

- 2. With regard to the ability to treat chronic and complex medical needs, can you provide some definitions of what would need to be managed on site versus linked with offsite care?**

Further details and/or definitions regarding chronic and complex medical needs will be discussed during contract negotiations with the selected applicant(s).

- 3. Is not having an electronic health record available at the start of operation an exclusionary condition?**

Though this is not an exclusionary criterion, an electronic health record (EHR) is an essential tool for provision of the quality of care that CBH is requesting of the provider. This includes collecting and reporting quality metrics and data, implementation of an evidenced-based practice (EBP) to fidelity, maintaining appropriate supervision practices for the EBP, and encouraging a variety of collaborative contacts throughout the individual's stay in the EAC. An EHR would make these requirements much more obtainable to the provider and should be considered a priority.

It is expected that an EHR is fully implemented within two years of opening.

- 4. Is there any ability to meet with existing EACs and would you be able to make that connection to other facilities for us?**

CBH would welcome the opportunity to increase and encourage collaboration within our provider network. An opportunity to tour and speak with operating EACs in this area can be coordinated with selected applicant(s).

5. Will there be flexibility on the development of number of beds?

CBH is interested in procuring 50 EAC beds total. Should your proposal only offer a fraction of these beds, please include your rationale.

Should a non-hospital based program apply, CBH acknowledges the Institution for Mental Disease (IMD) exclusion and requests that this unit be no more or less than 15 beds.

6. For the non-hospital based, is there flexibility for psychiatrist requirements? Could we use a nurse practitioner instead?

Please outline the specifics of your proposed staffing, as well as your rationale for any staffing pattern that differs from what is included in the RFP.

7. What is the expected date for start of services?

The expected start date for EAC services is no later than September 9, 2017.